

**Statement of Organization
Recipient Committee**

- Amendment: Change of status
to Qualified Committee. -

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

1367998

☐ Termination - See Part 5

List I.D. number:

_____/_____/_____
Date qualified as committee

09/06/2014
Date qualified as committee
(if applicable)

_____/_____/_____
Date of Termination

Date Stamp

CCLERK '14SEP10AM 8:59

**CALIFORNIA
FORM 410**

For Official Use Only

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1. Committee Information

NAME OF COMMITTEE

Will Rogers for Burbank City Council - 2015

STREET ADDRESS (NO P.O. BOX)

1525 N. Pepper St.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Burbank</u>	<u>CA</u>	<u>91505</u>	<u>(818) 843-2211</u>

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

Nancie@Rogers4Council.com

COUNTY OF DOMICILE

Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Burbank

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Nancie E. Rogers

STREET ADDRESS (NO P.O. BOX)

1525 N. Pepper St.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Burbank</u>	<u>CA</u>	<u>91505</u>	<u>(818) 843-2211</u>

NAME OF ASSISTANT TREASURER, IF ANY

Will Rogers

STREET ADDRESS (NO P.O. BOX)

1525 N. Pepper St.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Burbank</u>	<u>CA</u>	<u>91505</u>	<u>(818) 843-2211</u>

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Sept. 6, 2014 By _____
DATE

INSTANT TREASURER

Executed on Sept. 6, 2014 By _____
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

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COMMITTEE NAME

ID NUMBER

1367998

Will Rogers for Burbank City Council - 2015

4. Type of Committee Complete the applicable sections

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Will Rogers	Burbank City Council	2015	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Wells Fargo Bank	(818) 841-6550	3867937009	
ADDRESS	CITY	STATE	ZIP CODE
900 N. San Fernando Road	Burbank	CA	91504

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below.

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE